

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90045 034 \*\*\*\*61.25

**DOCUMENT # 713012**  
 1. Entity Name  
**THE FIRST CHURCH OF JESUS ASSEMBLY, INC.**

Principal Place of Business <b>3331 WILLIAMS AVENUE MIAMI FL 33133</b>	Mailing Address <b>3331 WILLIAMS AVENUE MIAMI FL 33133-5833</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **71-3012230** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHAPPELL, CORAL LEE  
 3331 WILLIAMS AVE  
 MIAMI FL**

7. Name and Address of New Registered Agent  
 Name **Ada Marshall**  
 Street Address (P.O. Box Number is Not Acceptable)  
**235 Jefferson Drive**  
 City **Miami** FL Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME <b>D MACK, TYRONE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10541 S.W. 149 TERR.</b>	
CITY-ST-ZIP <b>MIAMI FL 33176</b>	
TITLE NAME <b>SD MARSHALL, ADA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>235 JEFFERSON DRIVE</b>	
CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE NAME <b>D MILBRY, VERLIE BERNICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3395 GRAND AVE APT 5</b>	
CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE NAME <b>PD CHAPPELL, CORA LEE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>3331 WILLIAMS AVE</b>	
CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE NAME <b>D MARSHALL, NATHAN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>235 JEFFERSON DRIVE</b>	
CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE NAME <b>D WHITE, LOUIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>15101 HARRISON STREET</b>	
CITY-ST-ZIP <b>MIAMI, FL 33176</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <b>D Earlie L. Hughes</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5867 S.W. 60th Street</b>	
CITY-ST-ZIP <b>Miami, Florida 33143</b>	
TITLE NAME <b>D Gladys L. Pierce</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>14255 S.W. 109th Court</b>	
CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE NAME <b>D Penara Beasley</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11240 S.W. 179th Street</b>	
CITY-ST-ZIP <b>Miami, Florida 33157</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Ada Marshall* **Ac.305**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3-23-00 444-4278**

CR2E037 (9/99)